DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 02/24/2006

## **Provider Inspection Summary**

For the period 01/01/2003 to 12/31/2005 Residential Care Apartment Complex CERTIFIED STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

## **Facility Information**

Facility Name: ARBORETUM V LLC (THE) (0010296)

Address: W180 N7890 TOWN HALL RD, MENOMONEE FALLS, WI 53051

**License Status: REGULAR** 

Licensed/Certified/Registered 01/01/2003

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History** 

Survey ID: 0092234 End Date: 03/23/2004 Type: STANDARD Purpose: SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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